which he believes to be unparalleled, in the appearance of objective sensory symptoms before any motor troubles, a reversal of the ordinary course of such cases. The patient, eleven years of age, was received in the hospital complaining of pains in the back and about the waist. On a careful examination it was found that there was complete cutaneous anæsthesia and analgesia as high as the middle of the thighs. There was no difficulty of motion except that station was bad with the eyes closed. It was at first supposed that the trouble was hysterical, but two months after the first examination the patient was brought back with all the symptoms—vertebral, motor and sensory—of a serious paraplegia. The anæsthesia had increased and now extended as high as the umbilicus. The patient died of bronchial pneumonia a few days later, but no autopsy was permitted. MITCHELL.

EXAGGERATION OF KNEE-JERK IN ATHEROMATOUS PATIENTS.

M. F. de Grandmaison (Médecine Moderne, Dec. 23, 1896) has studied in twenty-six cases of atheromatous patients, carefully excluding those with disseminated sclerosis or medullary syphilis, the condition of the knee-jerks. Of fourteen men, three cases gave no evidence of medullary trouble, the others all had the reflexes manifestly exaggerated, and ten of them exhibited the phenomena of spinal epilepsy; four showed merely a tremulousness, three a slight clonus and three a very marked clonus.

Of twelve atheromatous women, three had no evidence of spinal trouble and nine had a marked exaggeration of the patellar reflex. Of these nine, five had very slight clonus, one more marked, and in three it was very decided.

Reduced to percentages, this would show that 78 per cent. of the men had some disorder in the spinal cord and 75 per cent. of the women. De Grandmaison concluded that spinal atheroma is less often diagnosed than similar cerebral conditions, because troubles of motility, if slight, are less noticeable than those which affect the intelligence.

MITCHELL.

SPASTIC PARAPLEGIA IN SISTERS.

MM. Achard and Fresson report in the Gazette Hebdomadaire, Dec. 24, 1896, two cases of spastic paraplegia in sisters. The first patient was the second of eleven children. The disease showed itself at the age of one year, after an attack of variola. Previous to this she had walked well. She presented all the characteristics of the trouble: contractions, with rigidity of the legs, exaggeratd knee-jerks, bad station; no trophic or sensory disorder and ordinary good general health. The second sister, the ninth child of her parents, at the age of ten months, had an acute illness of doubtful character before she had begun to walk. At the age of sixteen months troubles in walking were marked; upon her first attempts at movement she walked upon the point of the toes, dragging the toes along the floor. This grew no worse until about the ninth or tenth year, from which time it was progressively aggravated, until at the time of study of the patients, her condition was like that of her sister, but not quite so marked. The family history was in no way remarkable except for the neuropathic taint indicated by the presence of epilepsy in another sister. The unusually early appearance of the first symptoms in these two patients is of interest; no cases have previously been reported at such an age. MITCHELL.

GEHIRNBEFUND BEI SPASTISCHER LAEHMUNG MIT MUSKELSCHWUND.

[Cerebral Findings in Spastic Paralysis with Muscular Atrophy.] Wiener klinische Wochenschrift, No. 45, 1896. By G. Anton (Graz).

Among the most interesting features of the case reported in this paper were: weakness and wasting in the muscles of the hands and forearms, followed in about six months by dysphasia, dysphagia and salivation. When the patient was examined about eight months later, atrophy in the muscles of the face and tongue, inability to close the mouth voluntarily, exaggerated chin jerk, atrophy *in toto* of the muscles of the upper limbs, increased reflexes, spastic paresis in the legs, and reaction of degeneration were observed.

The anterior roots as well as the cells of the anterior horns throughout the cord, but less in the lumbar region, were degenerated The pyramidal tracts were also degenerated. The hypoglossal nuclei and nuclei of the motor trigeminal nerves were atrophied. The degeneration of the pyramidal tracts was traced to the cortex. There was a decrease in the number of large cortical ganglion cells.

The case was one of amyotrophic lateral sclerosis. It is not probable that the disease began primarily in the cerebral cortex; it is more likely that both central and peripheral motor neurons were affected by a common cause. SPILLER.

INSULAR SCLEROSIS AND HYSTERIA. Thomas Buzzard. Lancet, Jan. 2, 1897.

In a clinical lecture Prof. Buzzard calls attention to the difficulties in the differentiation of insular sclerosis and hysteria. Aided by the demonstration of two cases of insular sclerosis and the citation of several others, he points out the special symptoms particular to the two maladies in question, emphasizing the necessity for closer study of the incipient stages of insular sclerotic disease. In almost every case of beginning organic affections of this class, the diagnosis, " Hysteria," is usually made, and this semblance to the functional disease is very often marked. However, it should, if possible, be excluded; and he, therefore, points out certain characteristics which his large experience has taught him to value highly, though he is careful to claim no pathognomonic significance for them. These special signs he considers as follows:—

1. Intention tremor, if well marked, appears to hold an important place in the diagnosis of insular sclerosis. A certain clumsiness upon intended movements, probably due to a loss of the muscular sense, is frequent in hysteria, but well-marked "intention tremor" must be very rare in functional disease.

2. Nystagmus or nystagmiform movements must also be considered important evidence of organic trouble.

3. Ankle clonus is a very valuable symptom of an affection of the antero-lateral tract of the cord. It occurs sometimes in functional diseases, but is not usually pronounced. If ankle clonus be well marked, organic disease is nearly always present.

4. Atrophy of the optic disc is a symptom of greater value than any of the foregoing. When it is present, it bears strong proof of organic lesion. Pallor of the disk and narrowing of the concentric visual fields will be found almost invariably associated with some visual defect. The fact that concentric narrowing of the visual fields is frequently present in hysteria renders the differential diagnosis more difficult, but it is probably always unassociated with changes in the appearance of the disc.

5. To the state of the plantar reflex Buzzard ascribes considerable value. In hysteria he has found it almost invariably changed, namely either entirely absent or only feebly expressed. When an hysterical paraplegia disappears the plantar reflex usually returns. The retention of the plantar reflex in a case of loss of power in the legs is strong presumption that structural changes are present. The converse, however, does not apply.

Lastly, Buzzard considers it unsafe in a doubtful case to make a diagnosis of insular sclerosis, until such symptoms as nystagmus,